



PATENT / DOCKET NO. 16356.549 (DC-02461)
Customer No. 000027683

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

~~QUESTION~~ In the application of:

Zeevi, Josef, et al.

Serial No. 09/668,316

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Examiner: Nahar, Qamrun

Filed: September 22, 2000

Group Art Unit: 2124

For: DIAGNOSTIC ARCHITECTURE FOR USE
WITH AN INTERFACE BETWEEN AN
OPERATING SYSTEM AND PLATFORM
FIRMWARE

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JUL 17 2003

Technology Center 2100

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office action dated April 9, 2003, enclosed are the following regarding the above-identified patent application:

1. Amendment and Request for Reconsideration Under 37 CFR §1.111;
2. Return postcard; and
3. Transmittal letter (in duplicate).

Small entity status of this application has been established by a previously submitted verified statement under 37 C.F.R. §§ 1.9 and 1.27.

[X] No additional fee is required.

The fee has been calculated as shown below:

<u>(Col. 1)</u>		<u>(Col. 2)</u>	<u>(Col. 3)</u>	<u>SMALL ENTITY</u>			<u>OTHER THAN A SMALL ENTITY</u>		
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE	
TOTAL	22	minus	22	= 0	x 9	\$ _____	OR	x 18	\$ _____ 0.00
INDEP	3	minus	3	= 0	x 42	\$ _____	OR	x 84	\$ _____ 0.00
[]	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ 140	\$ _____	OR	+ 280	\$ _____
					TOTAL	\$ _____	OR	TOTAL	\$ _____ 0.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[] Please charge Deposit Account No. [08-1394 H&B] in the amount of \$ _____.
[] A check in the amount of \$ _____ is attached.

[X] A check in the amount of \$ _____ is attached.
The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. [08-1394 H&B, Order No. 16356.549 (DC-02461)].



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Any additional filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.
 Any patent application processing fees under 37 C.F.R. § 1.17.
 A copy of this sheet is enclosed.

Respectfully submitted,

James R. Bell

REGISTRATION NO. 26,528

Date: 7-8-03

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A-151089.1

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

on

Date

7/8/03

Signature

Typed/Printed name of person signing Certificate